FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2002 8:00 am § Secretary of State P95000038188 DOCUMENT # 1. Entity Name HYDRAULIC HOSE & EQUIPMENT CO. OF SOUTHWEST FLOR IDA, INC. Principal Place of Business Mailing Address 3490 ENTERPRIZE AVENUE 3490 ENTERPRIZE AVENUE NAPLES FL 33942 NAPLES FL 33942 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0596837 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARLAND. A.R. Street Address (P.O. Box Number is Not Acceptable) 3240 70TH ST SW NAPLES FL 34105 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME GARLAND, ALEX R NAME C/O 3490 ENTERPRIZE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 33942 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME GARLAND, JOSEPH A NAME STREET ADDRESS C/O 3490 ENTERPRIZE AVENUE STREET ADDRESS CITY-ST-ZIP NAPLES FL 33942 CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME LONGSTRETH, PHILIP R STREET ADDRESS STREET ADDRESS C/O 3490 ENTERPRIZE AVENUE CITY-ST-ZIP NAPLES FL 33942 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. GOFFICER OR DIRECTOR Date

SIGNATURE: